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JUN 10 2004

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03/17/2004

MOSER, PATTERSON & SHERIDAN L.L.P.  
 595 SHREWSBURY AVE, STE 100  
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Laura E. Crater (Depositor's name)  
*Laura E. Crater* (Signature)  
 6/10/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,681	09/27/2001	Ove Eklund	CON/BRE0004	2907

TITLE OF INVENTION: AUTO CPAP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/17/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEWIS, AARON J	3743	128-204180			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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Moser, Patterson &  
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Breas: Medical AB

Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) *E. M. Wall* (Date) *6/10/04*  
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## TELEFAX COVER SHEET

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TO: Commissioner for Patents  
FAX NO.: 703-746-4000  
FROM: Eamon J. Wall  
DATE: 6/10/04  
MATTER: Serial No. 09/965,681 Filed: 9/27/01  
DOCKET NO.: VSI/BRE0004  
APPLICANT: Eklund et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input type="checkbox"/> Transmittal Letter (2 copies)
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input type="checkbox"/> Fee Transmittal (2 copies)
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<input type="checkbox"/> Drawings (____ sheets) informal	<input checked="" type="checkbox"/> Facsimile Transmission Certificate
<input checked="" type="checkbox"/> PTO-85 ISSUE FEE TRANSMITTAL	dated 6/10/04

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LAURA E. CRATER  
Name of person signing this certificate

Laura E. Crater 6/10/04  
Signature and date